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|  <p>Wisconsin Department of Commerce Safety & Buildings Division Bureau of Integrated Services</p> | <p align="center">COMMERCIAL BUILDING CONSTRUCTION SITES NOTICE OF INTENT</p> <p>NOTE: Personal information you provide may be used for secondary purposes [Privacy Law s. 15.04(1)(m), Stats.]</p> | <p align="center">Return completed form to:</p> <p>DEPARTMENT OF COMMERCE SAFETY & BUILDINGS DIVISION 4003 N KINNEY COULEE RD LACROSSE WI 54601</p> <p>Contact Tel: (608) 785-9334</p> |
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Complete the following registration form. After developing an erosion control plan according to Comm 61.115 and a long-term storm water management plan according to NR216.47, submit completed registration form to the address shown above.

NOTE: This form must be reviewed by the department, for projects which will disturb 1 or more acres, at least 14 days prior to any earth disturbing activities.

| 1. Construction Site Information | 2. Type of Project – Fill in all known information |
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| <p>Total Estimated Disturbed Area _____ Acres</p> <p>Anticipated Construction Start Date _____</p> <p>Anticipated Construction End Date _____</p> <p>Nearest named receiving water body _____</p> | <p>Project/Site Name _____</p> <p>Number & Street/Legal Description _____</p> <p>County _____ () City () Village () Town of _____</p> <p>Tenant name or building designation: [Example: West Mall/Jim's Shoes, Bldg #1]</p> <p>Tenant or building address _____ Zip Code _____</p> |

3. Complete the following designer/owner/requesting information. Utilize the check boxes when designer, owner or requesting party is the same to avoid repeating information. Attach additional copy of this page if there are more customers.

| Owner Information (Customer 1) | Supervising Professional (Customer 3) |
|--|--|
| First Name _____ Last Name _____ Customer Number _____ | First Name _____ Last Name _____ Customer Number _____ |
| Company Name _____ | Company Name _____ |
| Address _____ | Address _____ |
| City _____ State _____ Zip+4 (9 digits) _____ | City _____ State _____ Zip+4 (9 digits) _____ |
| Phone Number (area code) _____ Fax or Internet _____ | Phone Number (area code) _____ Fax or Internet _____ |
| Check others if applicable: () Supervising Professional A/E # _____ () Designer _____ | Check others if applicable: () Supervising Professional A/E # _____ () Designer _____ |
| Designer Information (Customer 2) | REQUIRED SIGNATURES |
| First Name _____ Last Name _____ Customer Number _____ | <p>Stormwater Requirements:</p> <p>Stormwater plan requirements. Owner must sign the following verification statement.</p> <p>I verify that a long-term stormwater management plan meeting the requirements set forth in NR 216.47 has been developed and will be implemented.</p> <p>Signature _____</p> <p>Date _____</p> |
| Company Name _____ | |
| Address _____ | |
| City _____ State _____ Zip+4 (9 digits) _____ | |
| Phone Number (area code) _____ Fax or Internet _____ | |
| Check others if applicable: () Supervising Professional A/E # _____ | |